

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		59	5041
<b>FORMALITY REVIEW</b>	MW	920	06-26-01
<b>RESPONSE FORMALITY REVIEW</b>	TV	876	09/28/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) .. Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	1/10/01
2	1/10/01
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Claim	Date
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If more than 150 claims or 10 actions  
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